

006 No. 1456006	3 Social security wages 39142.92	4 Social security tax withheld 2426.07	5 Medicare tax withheld 567.54
c Employer's name, address and ZIP code CITY OF PHOENIX CITY P O BOX 1207 PHOENIX CITY, AL 36868-1207			
7 Social security tips	8 Allocated tips	9 Advance EIC payment	
11 Dependent care benefits	14 Other	15 State wages, tips, etc.	18 State wages, tips, etc. 38492.92
12a	12c	16 Local wages, tips, etc.	19 Local wages, tips, etc.
13 Salary Retirement employee plan		17 State income tax 1526.44	20 Locality name
14 Other sick pay		18 Local income tax	
b Employer's name, address and ZIP code DAVID P DAVIS 63-6001343		15 State Employer's state ID. No. AL 036389	
c Employee's name, address and ZIP code DAVID P DAVIS		16 State Employer's state ID. No. AL 036389	
d Employer's name, address and ZIP code DAVID P DAVIS		17 State Employer's state ID. No. AL 036389	
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av Employer's name, address and ZIP code DAVID P DAVIS		61 State Employer's state ID. No. AL 036389	
aw Employer's name, address and ZIP code DAVID P DAVIS		62 State Employer's state ID. No. AL 036389	
ax Employer's name, address and ZIP code DAVID P DAVIS		63 State Employer's state ID. No. AL 036389	
ay Employer's name, address and ZIP code DAVID P DAVIS			

Form **1040** U.S. Individual Income Tax Return **2006** (99) IRS Use Only-Do not write or staple in this space.

Label (See instructions) Use the IRS label. Otherwise, please print or type.

For the year Jan. 1-Dec. 31, 2006, or other tax year beginning 2006, ending 20 OMB No. 1545-0074

Name **DAVID DAVIS** Spouse's Name (if Joint Return) **BRENDA DAVIS** Home Address City, State, and ZIP Code

Presidential

Election Campaign (Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see instructions)) ☐ You ☐ Spouse

Filing Status

Check only

one box.

- 1 ☐ Single 4 ☐ Head of household (with qualifying person). (See instructions.)
 2 ☒ Married filing jointly (even if only one had income) If the qualifying person is a child but not your dependent, enter
 3 ☐ Married filing separately. Enter spouse's SSN above this child's name here. ▶
 5 ☐ Qualifying widow(er) with dependent child (see instructions)

Exemptions

1a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a
 b ☒ Spouse
 c Dependents:

(1) First name	Last name	(2) Dependent's social security no.	(3) Dependent's relationship to you	(4) V if qualifying child for child tax credit (see inst.)

If more than four dependents, see instr.

Boxes checked on 6a and 6b
 No. of children on 6c who:
 • lived with you 0
 • did not live with you due to divorce or separation (see instr.) 0
 Dependents on 6c not entered above 0
 Add numbers on lines above 2

d Total number of exemptions claimed

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 100,139.

8a Taxable interest. Attach Schedule B if required 8a
 b Tax-exempt interest. Do not include on line 8a 8b
 9a Ordinary dividends. Attach Schedule B if required 9a
 b Qualified dividends (see instructions) 9b
 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) 10
 11 Alimony received 11
 12 Business income or (loss). Attach Schedule C or C-EZ 12
 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐ 13
 14 Other gains or (losses). Attach Form 4797 14
 15a IRA distributions 15a b Taxable amount (see inst.) 15b
 16a Pensions and annuities 16a b Taxable amount (see inst.) 16b
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17
 18 Farm income or (loss). Attach Schedule F 18
 19 Unemployment compensation 19
 20a Social security benefits 20a b Taxable amount (see inst.) 20b
 21 Other income. List type and amount (see instr.) 21
 22 Add the amounts in the far right column for lines 7 through 21. This is your total income ▶ 22

Adjusted Gross Income

23 Archer MSA deduction. Attach Form 8853 23
 24 Certain business expenses of reservists, performing artists, and fee-basis gov. officials. Attach Form 2106 or 2106-EZ 24
 25 Health savings account deduction. Attach Form 8889 25
 26 Moving expenses. Attach Form 3903 26
 27 One-half of self-employment tax. Attach Schedule SE 27
 28 Self-employed SEP, SIMPLE, and qualified plans 28
 29 Self-employed health insurance deduction (see instr.) 29
 30 Penalty on early withdrawal of savings 30
 31a Alimony paid b Recipient's SSN ▶ 31a
 32 IRA deduction (see instructions) 32
 33 Student loan interest deduction (see instructions) 33
 34 Jury duty pay you gave to your employer 34
 35 Domestic production activities deduction. Attach Form 8903 35
 36 Add lines 23 through 31a and 32 through 35 36
 37 Subtract line 36 from line 22. This is your adjusted gross income 37

Form 1040 (2006)

DAVID

DAVIS

Page 2

Tax and Credits**Standard Deduction for -**

• People who checked any box on line 39a or 39b or who can be claimed as a dependent, see instr.

• All others:
Single or Married filing separately, \$5,150

Married filing jointly or Qualifying widow(er), \$10,300

Head of household, \$7,550

38 Amount from line 37 (adjusted gross income) 38

39a Check ☐ You were born before Jan. 2, 1942, ☐ Blind. Total boxes checked ☐ 39a
if ☐ Spouse was born before Jan. 2, 1942, ☐ Blind.b If your spouse itemizes on a separate return or you were a dual-status alien, see instructions and check here ☐ 39b

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40

41 Subtract line 40 from line 38 41

42 If line 38 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina, see instructions. Otherwise, multiply \$3,300 by the total no. of exemptions claimed on line 6d 42

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43

44 Tax (see instr.). Check if any tax is from: a ☐ Form(s) 8814 b ☐ Form 4972 44

45 Alternative minimum tax (see instructions). Attach Form 6251 45

46 Add lines 44 and 45 46

47 Foreign tax credit. Attach Form 1116 if required 47

48 Credit for child and dependent care exp. Attach Form 2441 48

49 Credit for the elderly or the disabled. Attach Schedule R 49

50 Education credits. Attach Form 8863 50

51 Retirement savings contributions credit. Attach Form 8880 51

52 Residential energy credits. Attach Form 5695 52

53 Child tax credit (see instr.). Attach Form 8901 if required 53

54 Credits from: a ☐ Form 8355 b ☐ Form 8839 c ☐ Form 8865 5455 Other credits: a ☐ Form 3800 b ☐ Form 8801 c ☐ Form 55

56 Add lines 47 through 55. These are your total credits 56

57 Subtract line 56 from line 46. If line 56 is more than line 46, enter -0- 57

58 Self-employment tax. Attach Schedule SE 58

59 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 59

60 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required NO 60

61 Advance earned income credit payments from Form(s) W-2, box 9 61

62 Household employment taxes. Attach Schedule H 62

63 Add lines 57 through 62. This is your total tax 63

Payments

If you have a qualifying child, attach Schedule EIC.

64 Federal income tax withheld from Forms W-2 and 1099 64

65 2006 estimated tax pymts and amt applied from 2005 return 65

66 a Earned income credit (EIC) 66a

b Nontaxable combat pay election ☐ 66b

67 Excess social security and tier 1 RRTA tax withheld (see instr) 67

68 Additional child tax credit. Attach Form 8812 68

69 Amount paid with request for extension to file (see instr) 69

70 Payments from: a ☐ Form 2439 b ☐ Form 4136 c ☐ Form 8865 70

71 Credit for federal telephone excise tax paid. Attach Form 8813 if required 71

72 Add lines 64, 65, 66a, and 67 through 71. These are your total payments. 72

Refund

Direct deposit?
See instructions and fill in 74b, 74c, and 74d.

73 If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid 73

74 a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ☐ 74ab Routing number XXXXXXXXXXXXXXXXXXXX c Type: ☐ Checking ☐ Savings

d Account number XXXXXXXXXXXXXXXXXXXX

75 Amount of line 73 you want applied to your 2007 estimated tax 75

Amount You Owe

76 Amount you owe. Subtract line 72 from line 63. For details on how to pay, see instructions 76

77 Estimated tax penalty (see instructions) 77

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete the following. ☐ No
Designee's name SHIRLEYS ACCOUNTING Phone no 334-297-3209 Personal identification number (PIN) 12456

Sign

Here
Joint return?
See instr.
Keep a copy
of your
scores.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer), is based on all information of which preparer has any knowledge.
Your signature _____ Date _____ Your occupation FIREFIGHTER Daytime phone number 334-291-4718

Spouse's signature, if a joint return, both must sign _____ Date _____ occupation _____

Prepared

Preparer's
See Only

Preparer's signature _____ Date 02/06/2007 Check if self-employed ☒ Preparer's SSN or PTIN 422-04-2632
Firm's name (if you're self-employed), address, and ZIP code SHIRLEYS ACCOUNTING EIN 63-1096351
2700A US HWY 60W
PENNIX CITY AL 36670 Phone no. 334-297-3209

Department of the Treasury - Internal Revenue		
a Control Number 1299	1 Wages, tips, other compensation 18571.49	2 Federal income tax withheld 3108.63
OMB No. 1545-0046	3 Social security wages 19836.00	4 Social security tax withheld 1229.82
	5 Medicare wages and tips 19836.00	6 Medicare tax withheld 287.62
c Employer's name, address and ZIP code CITY OF PHENIX CITY P O BOX 1207 PHENIX CITY, AL 36868-1207		
7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box G 225.01
12b	12c	12d
b Employer's identification number 63-8001343		
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	14 Other
d Employee's name, address and ZIP code NAYIN P DAVIS		
2006	15 State Employer's state I.D. No. AL 098389	16 State wages, tips, etc. 19611.00
Form W-2 Copy C-For EMPLOYEE'S RECORDS (See Notice to Employees on back of Copy B)	17 State income tax 771.29	18 Local wages, tips, etc.
	19 Local income tax	20 Locality name

1 Wages, tips, other comp. 26662.22		2 Federal income tax withheld 2774.00	
3 Social security wages 26662.22		4 Social security tax withheld 1653.00	
5 Medicare wages and tips 26662.22		6 Medicare tax withheld 388.61	
a Control number 501800	b Date 12/28/08	c Col. A 010402	d Employer use only 71
e Employer's name, address, and ZIP code LIFESTAR RESPONSE OF ALABAMA 684 BLUE PONT ROAD HOLTSVILLE NY 11742			
f Employer's FED ID number 11-3421228		g Allocated tips	
7 Social security tips		8	
9 Advance EIC payment		10 Dependent care benefits	
11 Nonqualified plans		12a	
12b		12c	
12d		12e	
13 State and local pension plan		13a	
e/f Employer's name, address and ZIP code DAVID P. DAVIS			
15 State Employer's state ID no. AL 361834		16 State wages, tips, etc. 26662.22	
17 State income tax 1103.32		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	

AL State Filing Copy
W-2 Wage and Tax Statement 2006
Copy 2 to be filed with employee's State income tax return.